

ALASKA PUBLIC OFFICES COMMISSION
2008 FINANCIAL DISCLOSURE STATEMENT
Covering the reporting period Jan. 1, 2007 – Dec. 31, 2007

PUBLIC OFFICIALS, LEGISLATORS & CANDIDATES MUST FILE FINANCIAL DISCLOSURES

EXECUTIVE BRANCH: Governor, Lt. Gov., commissioners, directors, special assistants and legislative liaisons; state boards and commissions; procurement and investment officers; city/borough officials; candidates.

JUDICIAL BRANCH: Justices, judges and magistrates.

LEGISLATIVE BRANCH: Legislators, legislative directors, Select Committee on Legislative Ethics.

APOC's *Guide to Financial Disclosure in Alaska* provides guidelines for completing this form and covers the purpose and process for disclosure. The *Guide* includes a full list of who must file and who is exempt. You can also go right to the source, the laws and regulations: Public Official Financial Disclosure law, AS 39.50, and Legislative Financial Disclosure law, AS 24.60.200. Disclosure regulations: 2 AAC 50.010 – 50.920.

Disclosure laws, regulations, forms and the *Guide* are available online at www.apoc.alaska.gov or from APOC offices.
APOC contacts: Anchorage: 907-276-4176. Juneau: 907-465-4864. Toll-free: 800-478-4176. E-mail: doa.apoc@alaska.gov

**THIS REPORT IS A SWORN STATEMENT. YOUR SIGNATURE ON THE LAST PAGE
CERTIFIES THAT THIS DISCLOSURE IS TRUE, CORRECT and COMPLETE.**

NAME: _____

MAILING ADDRESS: _____
Street address or P.O. box, city, zip code

PHONE: Home _____ Work: _____ Cell: _____ Fax: _____

E-MAIL: _____

SPOUSE / DOMESTIC PARTNER: _____

DEPENDENT CHILDREN: _____ **NON-DEPENDENT CHILDREN LIVING WITH YOU:** _____
Report number of children, including stepchildren, adoptive children. Legislative filers: List non-dependent children living with you.

NAME NON-DEPENDENT CHILDREN LIVING with YOU: _____

WHY ARE YOU FILING?

☐ **OFFICE HOLDER** – Office held: _____
OR
☐ **CANDIDATE** – Office sought: _____

WHAT STATEMENT ARE YOU FILING? CHECK ONE BOX BELOW:

☐ **INITIAL STATEMENT:** Due 30 days from appointment – for new public officials.
☐ **ANNUAL STATEMENT:** Due by March 15 – for incumbent officials.
☐ **FINAL STATEMENT:** Due 90 days after leaving office – include 2008 data up until leaving office.

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners.
IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE."
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SCHEDULE A
SOURCES OF INCOME OVER \$1,000

1. SALARIED EMPLOYMENT

NONE: check box → ☐

Report each employer who paid you, your spouse, domestic partner or children covered by reporting requirements more than \$1,000. Include amount of income, dates of employment, terms of employment, amount of time worked.

Income means anything of value and covers all forms of compensation, including deferred income.

**DESCRIBE THE WORK PERFORMED IN SUFFICIENT DETAIL
TO MAKE IT CLEAR TO A PERSON OF ORDINARY UNDERSTANDING.**

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

TERMS: ☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

TERMS: ☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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SCHEDULE A
SOURCES OF INCOME OVER \$1,000

2. SELF-EMPLOYMENT: NON-RETAIL

NONE: check box → ☐

Disclose each client, customer or business that paid you, your spouse/domestic partner or child more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies, shareholders in professional corporations where family members hold more than 50% of stock. (**Exemptions:** You may request an exemption from reporting individual sources of income if you meet the exemption requirements in 2AAC 50.100.)

Income means anything of value and covers all forms of compensation, including deferred income.

**DESCRIBE THE WORK PERFORMED IN SUFFICIENT DETAIL
TO MAKE IT CLEAR TO A PERSON OF ORDINARY UNDERSTANDING.**

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Contract / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Business name: _____

Client / customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Contract / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Business name: _____

Client / customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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SOURCES OF INCOME OVER \$1,000

3. SELF-EMPLOYMENT – RETAIL

NONE: check box → ☐

List each self-employment retail business that was a source of income of more than \$1,000. Individual retail clients/customers do not need to be disclosed – except (1) customers with a line of credit extending through two or more billing cycles, (2) customers with ongoing contracts to purchase goods or services, and (3) customers who are offered discounts not available to the general public.

Income means anything of value and covers all forms of compensation, including deferred income.

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Contract / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Business name: _____

Client/customer name/address (if applicable): _____

DETAILED DESCRIPTION of services provided: _____

EARNED BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **Total income:** \$ _____

☐ Full-time / ☐ Part-time / ☐ Seasonal / ☐ Commission / ☐ Project / ☐ Contract / ☐ Hourly

Dates: _____ **Time worked for earnings (specify months, wks or hrs):** _____

Business name: _____

Client/customer name/address (if applicable): _____

DETAILED DESCRIPTION of services provided: _____

4. RENTAL INCOME

NONE: check box → ☐

OWNER:	TENANTS WHO PAID > \$1,000	AMOUNT
	(For property outside Alaska managed by agent, list AGENT instead of tenant)	
<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse or domestic partner		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-owner with others.		

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SOURCES OF INCOME OVER \$1,000

5. DIVIDENDS and INTEREST

NONE: check box → ☐

Disclose source and amount of income over \$1,000 from dividends and interest. Include capital gains, money market accounts, certificates of deposit and Permanent Fund dividends.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

6. OTHER INCOME

NONE: check box → ☐

List source and amount of income over \$1,000 not listed elsewhere in this form, including sale of goods or property, pensions, IRA cash-outs, honorariums, alimony, child support, shared living expenses and government entitlements.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

7. GIFTS WORTH MORE THAN \$250

NONE: check box → ☐

Report gifts worth more than \$250 (including gifts from a single source with a cumulative value more than \$250) – *except* gifts from spouse, domestic partner, parent, child, sibling, grandparent, aunt, uncle, niece or nephew. Include travel expenses, discounts not available to the public, loans forgiven or loans paid by a third party. Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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SCHEDULE B

BUSINESS INTERESTS

NONE: check box → ☐

Report business interests even if they were **NOT** a source of income, including businesses in which you/family:

- Served as stockholder, owner, officer, director, partner, proprietor, employee or held an interest.
- Had ownership interests of more than \$1,000 in a publicly traded corporation.
- Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, limited liability companies and include options to buy.
- Include non-profit organizations, corporations, businesses, associations, trade groups.

If the business was a source of income over \$1,000, it must also be reported in Schedule A.

☐ Filer / ☐ Spouse/domestic partner / ☐ Child / Nature of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

☐ Filer / ☐ Spouse/domestic partner / ☐ Child / Nature of Interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

☐ Filer / ☐ Spouse/domestic partner / ☐ Child / Nature of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

☐ Filer / ☐ Spouse/domestic partner / ☐ Child / Nature of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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SCHEDULE C

REAL PROPERTY INTERESTS

NONE: check box → ☐

Property interests include your home, a rent-to-own home, rental property, vacant property, recreational property, business property and real estate interests held through a limited liability company, limited partnership or trust. Include properties that were owned or sold at any time during the reporting period. Include options to buy.

If property is jointly owned, check all boxes that apply.

OWNER(S): ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / ☐ Other co-owner: _____

Street address or legal description: _____

City or borough / State: _____

Ownership interest: _____

(Such as option to buy, ownership, leasehold)

Current use (optional)

OWNER(S): ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / ☐ Other co-owner: _____

Street address or legal description: _____

City or borough / State: _____

Ownership interest: _____

(Such as option to buy, ownership, leasehold)

Current use (optional)

OWNER(S): ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / ☐ Other co-owner: _____

Street address or legal description: _____

City or borough / State: _____

Ownership interest: _____

(Such as option to buy, ownership, leasehold)

Current use (optional)

OWNER(S): ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / ☐ Other co-owner: _____

Street address or legal description: _____

City or borough / State: _____

Ownership interest: _____

Current use (optional)

OWNER(S): ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / ☐ Other co-owner: _____

Street address or legal description: _____

City or borough / State: _____

Ownership interest: _____

Current use (optional)

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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SCHEDULE D

BENEFICIAL INTERESTS: TRUSTS & RETIREMENT ACCOUNTS over \$1,000 / NONE: ☐

Report each beneficial interest in a trust or retirement account that exceeded \$1,000 during the reporting period. Retirement accounts include: employee benefit accounts, deferred compensation plans, profit-sharing accounts, retirement accounts (such as IRA, 401K, SEP or Keogh) and trust funds. Trust or retirement account assets include stocks, bonds, mutual funds, cash accounts, CDs, real property and limited partnerships. **Name the trustor** (the person or employer who provided the funds or assets for the trust or retirement account). **List the assets by name of stocks, bonds, mutual funds or other assets in the retirement account or trust.** (Examples: IBM stock or Templeton Growth Fund.)

INTEREST HELD BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %:** _____

TRUSTOR: _____

ASSETS: _____

INTEREST HELD BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %:** _____

TRUSTOR: _____

ASSETS: _____

INTEREST HELD BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %:** _____

TRUSTOR: _____

ASSETS: _____

INTEREST HELD BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %:** _____

TRUSTOR: _____

ASSETS: _____

INTEREST HELD BY: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %:** _____

TRUSTOR: _____

ASSETS: _____

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SCHEDULE E

1. LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000

NONE: check box → ☐

Report each creditor or lender to whom more than \$1,000 was owed during the reporting period. Report guarantor of each loan. List financial obligations, including mortgages on property owned or sold during the reporting period; loans that have been guaranteed; delinquent taxes; alimony; child support payments; medical bills; boat and vehicle loans; business and personal loans; escrows; student loans; signature loans; promissory notes and IRS debts. Loans include secured, unsecured and contingent loans. *Do **not** list credit card obligations or revolving charge accounts.*

DEBTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ **LENDER** / ☐ **CREDITOR** / ☐ **GUARANTOR** / **NAME:** _____

DEBTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ **LENDER** / ☐ **CREDITOR** / ☐ **GUARANTOR** / **NAME:** _____

DEBTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ **LENDER** / ☐ **CREDITOR** / ☐ **GUARANTOR** / **NAME:** _____

DEBTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ **LENDER** / ☐ **CREDITOR** / ☐ **GUARANTOR** / **NAME:** _____

2. FOR LEGISLATIVE BRANCH FILERS ONLY

NONE: check box → ☐

Legislative branch filers must report additional details: original amount of the obligation, the current balance owed, interest rate, length of the loan and whether a written agreement exists for a creditor or lender who:

- Lobbies or hired lobbyists
- Had or sought contracts worth more than \$10,000 with any state agency
- Was a municipal or local government entity
- Was affected financially – in an amount exceeding \$1,000 – by an act of the legislature or state agency, including actions affecting professional or occupational licenses; natural resource permits or quotas; assessments; tax rates; health, safety or environmental standards; and insurance or business practices.

DEBTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ **LENDER** or ☐ **CREDITOR** / **Name:** _____

Address: _____

Original loan: \$ _____ **Balance owed:** \$ _____ **Interest rate:** _____ %

Term: ☐ _____ years ☐ _____ months / **WRITTEN LOAN AGREEMENT?** ☐ Yes / ☐ No

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SCHEDULE F

1. LEASES: GOVERNMENT CONTRACTS & LEASES

NONE: check box → ☐

List all contracts, bids and offers to contract with the state or any state or municipal agency or entity. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company or through a corporation in which filer or family members held a controlling interest.

CONTRACTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %, type:** _____

☐ Bid / ☐ Offer / ☐ Held / **CONTRACT ID (name/number):** _____

Contracting agency: _____

Contract description: _____

CONTRACTOR: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child / **INTEREST %, type:** _____

☐ Bid / ☐ Offer / ☐ Held / **CONTRACT ID (name/number) :** _____

Contracting agency: _____

Contract description: _____

2. LEASES: NATURAL RESOURCE LEASES

NONE: check box → ☐

List natural resource leases – including mineral, timber, oil and gas leases – bid, held, or offered during the reporting period. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company; or corporation in which you or family (individually or together) held controlling interest.

LEASEHOLDER: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ Bid / ☐ Offer / ☐ Held / **LEASE ID (name/number):** _____

LEASE DESCRIPTION: _____

LEASEHOLDER: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

☐ Bid / ☐ Offer / ☐ Held / **LEASE ID (name//number):** _____

LEASE DESCRIPTION: _____

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SCHEDULE G

1. CLOSE ECONOMIC ASSOCIATIONS

NONE: check box → ☐

EXEMPT: Municipal and local officials are exempt from reporting close economic associations. Members of state boards and commissions are exempt from reporting close economic associations. Local officials and state board/commission members do NOT have to complete this section. Check the box for NONE.

STATE PUBLIC OFFICIALS: Disclose financial relations with legislators, other public officials and lobbyists.

LEGISLATIVE BRANCH: Disclose financial relations with public officials, lobbyists, other legislators, and legislative employees. Report close economic association detailed information to the Legislative Ethics Committee.

CLOSE ECONOMIC ASSOCIATION means a financial relationship between public officials, legislators and lobbyists, including shared interests in a business, property, association, partnership, corporation or LLC.

CHANGES: Report new close economic associations within 60 days.

PERSON DISCLOSING ECONOMIC ASSOCIATION: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

PERSON DISCLOSING ECONOMIC ASSOCIATION: ☐ Filer / ☐ Spouse/domestic partner / ☐ Child

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

2. FILERS WITH A LOBBYIST SPOUSE or DOMESTIC PARTNER

NONE: ☐

EXEMPT: Local officials and members of state boards and commissions are EXEMPT. Check NONE.

STATE PUBLIC OFFICIALS with a lobbyist spouse or domestic partner: Report names and addresses of each employer of the lobbyist and the total monetary value received from each of the lobbyist's employers.

LEGISLATIVE BRANCH filers with a lobbyist spouse or domestic partner: Disclose employer of lobbyist and compensation, and report details to the Legislative Ethics Committee.

CHANGES: Report changes in lobbyist's employer within 48 hours of the change.

LOBBYIST'S EMPLOYER: NAME & ADDRESS	COMPENSATION

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. / USE EXTRA PAGES IF NECESSARY.
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CERTIFICATION

I certify under penalty of perjury that the foregoing is true and the information in this disclosure statement is, to the best of my knowledge, true, correct and complete. A person who makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

SIGNATURE _____

If you are filing online, you must have an Electronic Filing Agreement with APOC to use an electronic signature.

NAME of FILER _____

DATE & PLACE SIGNED / FILED _____

All officials and candidates who are required to file disclosure statements are solely responsible for filing complete, accurate and truthful statements by the deadlines.

WHERE TO FILE THIS STATEMENT

STATE OFFICIALS: File initial, annual and final statements with the Alaska Public Offices Commission.

STATE CANDIDATES: File with the Division of Elections along with Declaration of Candidacy.

BOROUGH / MUNICIPAL / CITY OFFICIALS and CANDIDATES: File with city or borough clerk where you hold or seek office.

FILE ELECTRONICALLY to APOC: doa.apoc.reports@alaska.gov

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NOTE: Public officials who are required to file this disclosure statement may have additional obligations to disclose conflicts of interest or potential conflicts under state executive, legislative or judicial ethics rules or personnel rules. Legislators who are required to file this disclosure statement have additional disclosure and reporting requirements imposed by the Select Committee on Legislative Ethics. Local officials may also be governed by local ethics ordinances or personnel rules.

Disclosure forms, guidelines, laws and regulations are online: www.apoc.alaska.gov or from APOC offices

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE OFFICE:

2221 E. Northern Lights Blvd – Rm 128
Anchorage, AK 99508-4149
907-276-4176 / Toll-free 800-478-4176
Fax 907-276-7018

JUNEAU OFFICE:

240 Main St. – Rm 201
Mail: P.O. Box 110222
Juneau, AK 99811-0222
907-465-4864 / Fax 907-465-4832

E-mail APOC: doa.apoc@alaska.gov
File electronic disclosure statements to: doa.apoc.reports@alaska.gov

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